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CONFIRMATION NO. 5243

| SERIAL NUMBER 10/038,854 | FILING OR 371(c) | | . ASS 536 | GRO | UP AR1 1647 | UNIT | D | ATTORNEY OCKET NO. 02-230 (CURA- 530) |
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| APPLICANTS | | | | . | | | | |
| Corine Vernet, I | North Branford, CT; an, Branford, CT; | | | | | | | |
| ** CONTINUING DAT | TA ********* | r# | | | | | | 1 |
| This appln claim and claims beneand claims | ms benefit of 60/258,928 pefit of 60/259,415 01/02 pefit of 60/259,785 01/04 pefit of 60/269,814 02/20 pefit of 60/279,832 03/29 pefit of 60/279,863 03/29 pefit of 60/279,863 03/29 pefit of 60/283,889 04/13 pefit of 60/284,447 04/18 pefit of 60/284,080 05/29 pefit of 60/312,915 08/16 pefit of 60/313,325 08/17 pefit of 60/333,350 11/26 pefit of 60/333,350 pefit of 60/333 pefit of 60/333,350 pefit of 60/333,350 pefit of 60/333 pefit of 60/334 p | 8 12/29/200 2/2001 4/2001 0/2001 9/2001 9/2001 8/2001 8/2001 8/2001 6/2001 7/2001 6/2001 | | | | | | |
| IF REQUIRED, FORE ** 10/18/2005 | EIGN FILING LICENSE | GRANTED |)** SMALL E | NTITY | ** | | | |
| Foreign Priority claimed 35 USC 119 (a-d) condition met Verified and | Allowance | _ | STATE OR COUNTRY CT | DRAWING CLA | | TOTA CLAI 41 | MS | INDEPENDENT CLAIMS 4 |
| ADDRESS Jenell Lawson CuraGen Corporation 322 East Main Street Branford, CT06405 | ı | Illiaio | | | , | | | |
| TITLE | | | | | | | | |
| | CLEIC ACIDS ENCODIN | NG SAME | | | | | | |
| , | | | | | ☐ All | Fees | | |
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| FEES: Authority has been given in Paper | | | | | 1.16 Fees (Filing) | | | |

| FILING FEE RECEIVED 1716 | o charge/credit DEPOSIT ACCOUNT or following: | 1.17 Fees (Processing Ext. of time) | | |
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| | | ☐ 1.18 Fees (Issue) | | |
| | | Other | | |
| | | ☐ Credit | | |